

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE	
						APPLICANT(S)		09/926486
CLAIMS								
1	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		51	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
2	1						52	
3	1						53	
4	1						54	
5	1						55	
6	1						56	
7	1						57	
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9	1						59	
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41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL							TOTAL IND.	
TOTAL							TOTAL DEP.	
TOTAL CLAIMS							TOTAL CLAIMS	